

ATTACHMENT 4.19-B
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

17. Nurse Midwife Services

See physician services, section 5 of this attachment.

TN # 91-16
SUPERSEDES
TN # 91-04

APPROVAL DATE 1/28/92

EFFECTIVE DATE 7-1-91

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18. Hospice Care

Not provided.

TN # 91-16
SUPERSEDES
TN # 91-04

APPROVAL DATE 1/28/92EFFECTIVE DATE 7-1-91

ATTACHMENT 4.19-B
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

19. Case Management Services

- a. **Supplement 1-A to Attachment 3.1-A.** Targeted case management services to adults age 18 and over who are severely and persistently mentally ill as defined by the State of South Dakota Division of Mental Health shall be paid on the basis of a prospective fee representing a 15 minute unit of service. The fee will be established for each provider following negotiations between the Department of Human Services and the provider.
- b. **Supplement 2 to Attachment 3.1-A.** Targeted case management services to youth who are transitioning out of residential placement, shall be paid on the basis of a prospective fee representing a 15 minute unit of service. The fee is established by the Office of Medical Services and is based on reasonable and allowable costs incurred by the facility for providing case management services.

TN # 99-010
SUPERSEDES
TN # 93-14

APPROVAL DATE 08/21/00 EFFECTIVE DATE 10-1-99

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20. Extended Services to Pregnant Women

See payment methods for the specific type of service provided.

TN # 91-16
SUPERSEDES
TN # 91-04

APPROVAL DATE 1/28/92

EFFECTIVE DATE 7-1-91

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21. Ambulatory Prenatal Care for Pregnant Women Furnished during a
Presumptive Eligibility Period by a Qualified Provider

Not provided.

TN # 91-16
SUPERSEDES
TN # 91-04

APPROVAL DATE

1/28/92

EFFECTIVE DATE

7-1-91

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22. Respiratory Care Services

Not provided.

TN # 91-16
SUPERSEDES
TN # 91-04

APPROVAL DATE 1/28/92EFFECTIVE DATE 7-1-91

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23. Pediatric or Family Nurse Practitioners' Services.

Reimbursement will be 90% of the fee established under physician services, section 5 of this attachment.

TN # 92-05
SUPERSEDES
TN # 91-76

APPROVAL DATE

4/8/92

EFFECTIVE DATE

1-1-92

ATTACHMENT 4.19-B
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24. Any Other Medical Care and and other Type of Remedial Care Recognized under State Law, Specified by the Secretary

a. Transportation.

Payment for transportation services are based on the following criteria:

- a. Air ambulance - A fee schedule that was established by the State Agency following a review of charges submitted on prior paid claims and receiving input from providers. The fee schedule will be updated as authorized by the South Dakota Legislature.
- b. Ground ambulance and wheelchair transportation services - Fee schedule established by the State Agency following a review of charges submitted on paid claims and receiving input from the providers. The fee schedule will be updated as authorized by the South Dakota Legislature.
- c. Other transportation - Cost of ticket or fare for a commercial carrier or mileage, meals, and lodging allowances for individuals.

b. Services of Christian Science nurses.

Not provided.

c. Care and services provided in Christian Science sanatoria.

Not provided.

d. Nursing facility services for patients under 21 years of age.

See attachment 4.19-D.

e. Emergency hospital services.

See outpatient hospital services or attachment 4.19-A.

f. Personal care services.

Reasonable and allowable cost for the service provided.

TN # 91-16
SUPERSEDES
TN # 91-04

APPROVAL DATE

1/28/92

EFFECTIVE DATE

7-1-91